REPORTABLE EVENTS IN HUMAN SUBJECTS RESEARCH POLICY
ATLANTA VA HEALTH CARE SYSTEM (AVAHCS)

1. OBJECTIVES:

- **a.** Outline local policies and procedures for the reporting of Deaths, Serious Adverse Events (SAEs), Serious Problems (SPs), Unanticipated Problems in Research Involving Risks to Subjects or Others (UPIRTSOs), /and Complaints in AVAHCS research.
- **b.** Comply with federal guidelines regarding the documentation, determination, and reporting of Deaths, SAEs, SPs, UPIRTSO's and Complaints.
- **c.** Describe how to access Research Information Security Incidents guidance.
- **d.** Describe how to access Protocol Deviation and Protocol Noncompliance guidance.
- **e.** Describe how to report reportable events for exempt research projects

2. DEFINITIONS:

- **a. Adverse Event (AE):** An adverse event in human subjects research is any untoward physical or psychological occurrence in a human subject participating in research, whether or not considered related to the subject's participation in research
- **b. *External* Adverse Event or Unanticipated Problem Involving Risks to Subjects or Others:** An Adverse Event or an Unanticipated Problem Involving Risks to Subjects or Others experienced by subjects enrolled by investigators at sites other than AVAHCS sites.
- **c. *Local/Internal* Adverse Event or Unanticipated Problem Involving Risks to Subjects or Others:** An Adverse Event or an Unanticipated Problem Involving Risks to Subjects or Others experienced by subjects at the reporting facility's own research site(s).
- **d. Unanticipated Problem in Human Subject's Research Involving Risks to Subjects or Others (UPIRTSO):** An unanticipated problem involving risks to subjects or others (UPIRTSO) in human subjects research is an incident, experience or outcome that is: unexpected; related or possibly related to participation in the research; and indicative of the research placing subjects or others at substantively greater risk of harm (including physical, psychological, economic or social harm) than was previously known or recognized. An unexpected SAE that is related or possibly related to participation in human subjects research constitutes a UPIRTSO.
  - **i. Unexpected/Unanticipated:**
    The terms "unexpected" and "unanticipated" refers to an incident, experience, or outcome that is new or greater than previously known in terms of nature, severity, or frequency, given the procedures described in protocol-related documents and the characteristics of the study population.
  - **ii. Related to Research:** The phrase related to participation in the research" means a logical sequence of cause and effect shows that the study procedures were the reason for the incident, experience, or outcome. The phrase "possibly related to participation in the research" implies a lesser degree of certainty about causality and refers to an incident, experience, or outcome for which there is some evidence to reasonably suggest a causal relationship between study procedures and the incident, experience, or outcome.
  - **iii. Serious Adverse Event (SAE):** A serious adverse event in human subjects research is an untoward occurrence, whether or not considered related to a subject's participating in research, that results in death, a life-threatening experience, inpatient hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, congenital anomaly or birth defect, or that requires medical, surgical, behavioral, social, or other intervention to prevent such an outcome.

iv. **Serious Problem:** A serious problem is a problem in human research that may reasonably be regarded as:
    1. Involving substantive harm, or a genuine risk of substantive harm, to the safety, rights, or welfare of human research subjects, research staff, or others; **OR**
    2. Substantively compromising the effectiveness of a facility's human research protection or human research oversight programs.

e. **VA Research:** Research conducted by VA investigators serving on compensated, work without compensation (WOC), or Intergovernmental Personnel Agreement (IPA) appointments while on VA time, utilizing VA resources, or on VA property (including space leased to or used by VA and also includes space utilized at a non-VA facility but has an approved off-site waiver to perform part or all of the research off-site). The research may be funded by VA, by other sponsors, or be unfunded.

3. RESPONSIBILITIES AND PROCEDURES:

a. VA investigators must report to *the IRB of record and the AVAHCS Research Office* all UPIRTSOs. Refer to UPIRTSO definition above. VA Investigators are expected to review and assess adverse events in order to determine if an event is reportable to the IRB. VA Investigators and study team members need to be knowledgeable of the IRB of record's reportable events policies in addition to the information listed below. Additional reporting may be required per IRB of record policies.

i. Local unanticipated and research related or possibly research related **deaths** require:
    1. **Immediate** (within one hour) oral report to the IRB of record
    2. **Immediate** (within one hour) oral report to AVAHCS ACOS for Research by calling:
        a. Clayton Carruth, Clinical Studies Center Manager at (404) 321-6111 ext. 206933
        b. Jennifer Whelan, HRPP Manager at (404) 321-6111 ext. 203452
        c. Rodney Thompson, Research Compliance Officer (RCO) at (404) 321-6111 ext. 206964
    3. Written report to IRB of record within 1 business day
    4. Written report to the AVAHCS Research Office within 1 business days via the following link: VAReportableEvents@faver.foundation. Include:
        a. PI name
        b. IRB number
        c. IRB name
        d. Study title
        e. Summary of reportable event

ii. Local unanticipated and research related or possibly research related **serious adverse events (UPIRTSO)** require;
    1. Written report to IRB of record within 5 business days
    2. Written report to the AVAHCS Research Office within 5 business days via the following link: VAReportableEvents@faver.foundation. Include:
        a. PI name

b. IRB number
c. IRB name
d. Study title
e. Summary of reportable event

iii. Local unanticipated and research related or possibly research related **serious problems (UPIRTSO)** require:
1. Written report to IRB of record within 5 business days
2. Written report to the AVAHCS Research Office within 5 business days via the following link: VAReportableEvents@faver.foundation. Include:
   a. PI name
   b. IRB number
   c. IRB name
   d. Study title
   e. Summary of reportable event

iv. Other AE's, SAE's, and Problems **involving risks to subjects or others** (not covered in sections 3 a.i, ii, and iii) require reporting per IRB of record standard operating procedures.

v. External events:
1. Follow IRB of Record reporting requirements.
   a. Emory IRB:
      i. External deaths are not reportable unless it meets the definition described above in 3 a.i, ii, and iii.
      ii. Emory sponsor-investigators are required to report external events if it meets the definitions described above in 3 a. i, ii, and iii.

b. Reportable Events Log:
i. PI's must keep a record of reportable events. Please see AVAHCS research website for an example of a reportable events log

c. Reportable Event Assessment Form:
i. Completion of this tool is not required but may be a useful tool to assist in determining if RE meets reporting threshold.
1. Reportable Events Assessment Form

d. IRB of record reportable event guidance links:
i. National Cancer Institute (NCI): https://www.ncicirb.org/institutions/institution-quickguides/managing-study/completing-up-and-or-scn
ii. Emory IRB: http://www.irb.emory.edu/forms/reportable.html
iii. VA Central IRB: https://www.research.va.gov/programs/pride/cirb/forms/119.doc
iv. All of Us: Report per AoU IRB SOP 0312.
v. Advarra IRB: https://www.cirbi.net/CIRBI/sd/Doc/0/3HEMDJ1M4O44H2ALM5F6ATSS52/Advarra%20IRB%20Guidance%20-%20Subject%20Safety%20Event%20Reporting%20Decision%20Chart%20v11_2018.pdf
vi. Western IRB: https://www.wcgirb.com/how-to-submit/ibc-forms/

4. RESEARCH INFORMATION SECURITY AND PRIVACY INCIDENTS:

a. Incidents, events, problems, or complaints that involve the unauthorized use, disclosure, transmission, removal, theft, loss, or destruction of VA research-related protected health information (PHI), individually identifiable private information, or confidential information

must be reported within one hour as described in the policy titled "Research Information Security Incidents". In most cases the AVAHCS Privacy Office will need to be notified. See links below for guidance:
https://www.atlanta.va.gov/Docs/Research_Information_Incident_Reporting.pdf
https://www.atlanta.va.gov/Docs/ORO%20Guidance_Security_Problems.pdf

5. **PROTOCOL DEVIATIONS AND NONCOMPLIANCE:**
   a. **Protocol Deviations (PD):** A deviation is a departure from the IRB-approved protocol. Deviations may represent minor departures and/or noncompliance.

   b. **Noncompliance:** Failure to comply with any of the regulations and policies of the IRB and/or VA, and failure to follow the determinations of the IRB and R&D Committee. Noncompliance may be minor or sporadic, or it may be serious and/or continuing. Noncompliance can be on the part of Researchers, staff, other employees, and of the IRB.

   c. For information about and specific reporting requirements for protocol deviations and/or noncompliance, see the following Protocol Deviations/Noncompliance documents:

      i. https://www.atlanta.va.gov/Docs/Protocol_Deviation_Policy.docx
      ii. https://www.atlanta.va.gov/Docs/ORO_Guidance_Noncompliance.pdf
      iii. https://www.atlanta.va.gov/Docs/Steps_to_Filling_out_eIRB_Protocol_Deviations.docx
      iv. https://www.atlanta.va.gov/Docs/Issue_Brief.doc
      v. https://www.atlanta.va.gov/Docs/Protocol_Deviation_Noncompliance_Log_Sheet.docx

6. **REPORTING COMPLAINTS:**
   a. **Complaint:** Is a charge made by a research participant or other party expressing dissatisfaction with the study process.

   b. Research complaints that involve information security will be reported to the Information Security Office (ISO) for further investigation. Research complaints that involve a suspected privacy breach will be reported to the facility Privacy Officer (PO) for further investigation. Upon completion of their review, the ISO or PO will notify the Research Compliance Officer (RCO) of the findings in order to determine if research noncompliance exists. Further facility reporting may be required for events/incidents of noncompliance and/or research information events/incidents.

   c. The Principal Investigator (PI) must report complaints that he/she receives from participants or others that involve potential risks to participants or others or may change the risk/benefit ratio. These reports must be made to the IRB of record within 5 business days of the PI receiving the complaint.

   d. All other research complaints received by the ACOS-R, RCO or other research administrative staff will be referred to the specific Principal Investigator (PI) if the study/investigator is named in the complaint and to the relevant research review committee. A copy of the complaint must be sent to the Research Compliance Officer.

e. The PI must attempt to resolve the complaint. If additional assistance is needed, the RCO may be asked to mediate the process. The PI must document the complaint/issue and resolution by Report of Contact or Memorandum in the study binder.

f. The relevant research review committee(s) and Research Compliance Officer will manage any review, reporting and corrective actions needed in response to any research complaint that cannot be resolved by the PI.

7. EXEMPT RESEARCH:

a. Exempt research projects are subject to AVAHCS R&DC oversight. PIs must report all reportable events (Deaths, SAEs, SPs, UPIRSOs, Research Information Security and Privacy Incidents, PDs, Noncompliance, and Complaints) via written report to the AVAHCS Research Office within 5 business days via the following link: VAReportableEvents@faver.foundation. Include:

- **i.** PI name
- **ii.** IRB name
- **iii.** IRB number (if available)
- **iv.** Study title
- **v.** Summary of reportable event

b. If Emory is the IRB of Record, follow Emory reportable event reporting procedures for Reportable Events.